| POSITION | INITIALS | ID NO. | DATE |
|---|---|---|---|
| FEE DETERMINATION | Maile | | 06-27-01 |
| O.I.P.E. CLASSIFIER | | 43 | 7/3/01 |
| FORMALITY REVIEW | A.T | 1071 | 08 15 01 |
| RESPONSE FORMALITY REVIEW | | | |
| | | | |

## INDEX OF CLAIMS

| | | | | | |
|---|---|---|---|---|---|
| ✔ | Rejected | | N | | Non-elected |
| = | Allowed | | I | | Interference |
| — | (Through numeral)... Canceled | | A | | Appeal |
| ÷ | Restricted | | O | | Objected |

If more than 150 claims or 10 actions
staple additional sheet here

(LEFT INSIDE)